

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/688229  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3	2						53					
4							54					
5	2						55					
6	2						56					
7	2						57					
8	2						58					
9	2						59					
10	1						60					
11	5						61					
12	2						62					
13	1						63					
14	1						64					
15	1						65					
16	①						66					
17	①						67					
18	①						68					
19	①						69					
20	⑧						70					
21	⑧						71					
22	1						72					
23	1						73					
24	2						74					
25	2						75					
26	⑦						76					
27	⑦						77					
28	⑤						78					
29	⑤						79					
30	2						80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	7						TOTAL IND.					
TOTAL DEP.	37	↔					TOTAL DEP.	↔				
TOTAL CLAIMS	44	PK					TOTAL CLAIMS	PK				